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## BIB DATA SHEET

CONFIRMATION NO. 4794

<b>SERIAL NUMBER</b> 10/530,464	<b>FILING or 371(c) DATE</b> 04/05/2005 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 10442-004	
<b>APPLICANTS</b> Tara Nylese, Marco Island, FL; <i>(Signature)</i> <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/31859 10/08/2003 <i>(Signature)</i> which claims benefit of 60/416,676 10/08/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>(Signature)</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> BEUSSE WOLTER SANKS MORA & MAIRE, P. A. 390 NORTH ORANGE AVENUE SUITE 2500 ORLANDO, FL 32801 UNITED STATES					
<b>TITLE</b> Portable diagnostic device and method for determining temporal variations in concentrations					
<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		